

UNITED STATES DISTRICT COURT, DISTRICT OF NEW MEXICO SENTENCING MINUTE SHEET													
CR No: CR 20-1219 JB				USA vs.: Morgan									
Date: 9/24/2021				Name of Deft: Blaine Morgan									
Before the Honorable: James O. Browning													
Time In/Out:		2:32 pm – 3:03 pm				Total Time in Court (for JS10):				31 minutes			
Clerk:		Lauren Rotonda				Court Reporter:				J. Bean			
AUSA:		Jennifer Rozzoni				Defendant's Counsel:				Hans Peters Erickson			
Sentencing in:		Albuquerque				Interpreter:				n/a			
Probation Officer:		Robert Sanchez				Interpreter Sworn?				Yes		No	
Convicted on:		<input checked="" type="checkbox"/> Plea		<input type="checkbox"/> Verdict		As to:		<input checked="" type="checkbox"/> Information		<input type="checkbox"/> Superseding Indictment			
If Plea:		<input type="checkbox"/> Accepted		<input type="checkbox"/> Not Accepted		Adjudged/Found Guilty on Counts:							
If Plea Agreement:		<input checked="" type="checkbox"/> Accepted		<input type="checkbox"/> Not Accepted		<input type="checkbox"/> No Plea Agreement		Comments:					
Date of Plea/Verdict:		5/21/21		PSR:		<input checked="" type="checkbox"/> Not Disputed		<input type="checkbox"/> Disputed		<input checked="" type="checkbox"/> Courts adopts PSR Findings			
Evidentiary Hrg:		<input checked="" type="checkbox"/> Not Needed		<input type="checkbox"/> Needed		Exceptions to PSR:							
<b>SENTENCE IMPOSED</b>				Imprisonment (BOP):		18 months-Court recommends placement at halfway house as soon as possible							
Supervised Release:		3 years						Probation:					
REC		500-Hour Drug Program		BOP Sex Offender Program		Other:							
ICE		Court recommends ICE begin removal proceedings immediately or during service of sentence								ICE not applicable			
<b>SPECIAL CONDITIONS OF SUPERVISION</b>													
<input type="checkbox"/> No re-entry without legal authorization				<input type="checkbox"/> Home confinement for _____ months _____ days									
<input type="checkbox"/> Comply with ICE laws and regulation				<input checked="" type="checkbox"/> Community service for 48 hours during supervised release.									
<input checked="" type="checkbox"/> Participate in/successfully complete subst abuse program/testing				<input type="checkbox"/> Reside halfway house _____ months _____ days									
<input checked="" type="checkbox"/> Participate in/successfully complete mental health program				<input type="checkbox"/> Register as sex offender									
<input type="checkbox"/> Refrain from use/possession of alcohol/intoxicants				<input type="checkbox"/> Participate in sex offender treatment program									
<input checked="" type="checkbox"/> Submit to search of person/property				<input type="checkbox"/> Possess no sexual material									
<input type="checkbox"/> No contact with victim(s) and/or co-defendant(s)				<input type="checkbox"/> No computer with access to online services									
<input type="checkbox"/> No entering or loitering near victim's residence				<input type="checkbox"/> No contact with children under 18 years									
<input type="checkbox"/> Provide financial information				<input type="checkbox"/> No volunteering where children supervised									
<input type="checkbox"/> Waive right of confidentiality and allow the treatment provider to release treatment records				<input type="checkbox"/> Restricted from occupation with access to children									
<input type="checkbox"/> Must not knowingly purchase, possess, distribute, administer, or otherwise use any psychoactive substances (e.g., synthetic marijuana, bath salts, etc.) that impair your physical or mental functioning, whether or not intended for human consumption.				<input type="checkbox"/> No loitering within 100 feet of school yards									
<input checked="" type="checkbox"/> Must not possess, sell, offer for sale, transport, cause to be transported, cause to affect interstate commerce, import, or export any drug paraphernalia, as defined in 21 U.S.C. 863(d).				<input type="checkbox"/> If defendant is unemployed - Must participate in an educational or vocational services program and follow the rules and regulations of that program									
<input checked="" type="checkbox"/> OTHER: You shall waive your right of confidentiality. You must submit to substance abuse testing to determine if you have used a prohibited substance. Testing shall not exceed more than 60 test(s) per year. You must not use or possess alcohol- Testing shall not exceed more than 4 test(s) per day. You shall waive your right of confidentiality-mental health. You must not communicate, or otherwise interact, with the victim's family.													
Fine: \$		0.00		Restitution: \$		1,759.35 The restitution will be paid in full or monthly in the amount of \$50 or 10 percent of the defendant's monthly earnings, whichever is greater							
SPA: \$		100.00 (100 per count)		Payment Schedule:		<input checked="" type="checkbox"/> Due Immediately		<input type="checkbox"/> Waived					

OTHER:			
<b>X</b>	Advised of Right to Appeal	<b>X</b>	Waived Appeal Rights per Plea Agreement
<b>X</b>	Held in Custody		Voluntary Surrender
	Recommended place(s) of incarceration:		
	Dismissed Counts:		
OTHER COMMENTS: Mr. Erickson requests placement at halfway house as quickly as possible. Defendant addresses Court. Victim's sister addresses Court.			